



STATE OF ILLINOIS

Project Number: 18-042

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

.1	IDENTIFICATION Name (Please Print)	ra Dunn	
	city Quizy	State IC	zip C23c5
II.	entity.)		on behalf of any group, organization or other
	Health Care) T31255.	2 Physcim	services
III.	POSITION (please circle approp	oriate position)	
	Support	Oppose	Neutral .
IV.	Testimony (please circle)		
	Oral	Written	





Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

•			
f.	IDENTIFICATION Name (Please Print)	Timothy D. 1Co	rontz
	city Quiny	State <u></u> T L	zip 62301
11.	REPRESENTATION (This section entity.)	n is to be filled if the witness is appearing o	on behalf of any group, organization or other
	• •	epresented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Blessiv	y Health Syst-	board member
III.	POSITION (please circle ap	propriate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	





Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

1.	IDENTIFICATION Name (Please Print) TOY') Edison
	City Quincy State IL zip 102301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
ML	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



STATE OF ILLINOIS

Project Number: 18-042

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

I.	IDENTIFICATION Name (Please Print)	ahna Sub	lette	
	city Palmyra	State M	0	zip (03401
II.	REPRESENTATION (This section i.	is to be filled if the witness is appe	earing on behalf of any	group, organization or other
	entity.) Entity, Organization, etc. rep	vocantad in this annages	ones (i.s. ADC Co	nanuad Citinana fau
	Health Care)	s thispita)	ncerned Citizens for
		0 (100)		
			,	
		•		
III.	POSITION (please circle appr	ropriate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042 I. **IDENTIFICATION** Name (Please Print) BEGOY JOHN MD 11. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Health Sy III. POSITION (please circle appropriate position) Support Oppose Neutral IV. Testimony (please circle) Written





Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

Oral

I.	IDENTIFICATION Name (Please Print) TIMOTHY A MOORE
	City QUINCY State IL Zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) BUESSING HOSPITAL
Ш.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)

Written



Public Hearing Testimony Registration Form

Facility	Name: Quincy Medical Group Surgery, Quincy
Project	Number: 18-042 Mike B. Kirby
I.	Name (Please Print)
	City DUINC State JL Zip Lo 230
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (please circle appropriate position) Support Neutral
IV.	Testimony (please circle) Oral



Public Hearing Testimony Registration Form

Project	: Num	ber:	18-042
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Name (Please Print)	enda K B	eshears	
city Hannibal	State/	no	zip
REPRESENTATION (This section is to entity.)	be filled if the witness is	appearing on behalf of any	group, organization or other
Entity, Organization, etc. repres			
Health Care) Res Sing	Health	System-	College
/	,	7	
		-	
	· ·		
POSITION (please circle approp	riate position)		
Support	Oppose	Neutral	·
Testimony (please circle)			
Oral	Written		



Facility Name: Quincy Medical Group Surgery, Quincy

l.	IDENTIFICATION Name (Please Print) Salvader	r Sanetez, mo
	City Oury State	II. zip 62301
II.	REPRESENTATION (This section is to be filled if the witne entity.)	ess is appearing on behalf of any group, organization or other
	Entity, Organization, etc. represented in this a Health Care)	appearance (i.e., ABC Concerned Citizens for
	Phy sician	
	Hospidal em	yployee.
III.	POSITION (please circle appropriate position)	1
	Support	Neutral
IV.	Testimony (please circle)	
	Oral Written	



STATE OF ILLINOIS

Project Number: 18-042

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Name (Please Print) Mike Foster
City Quiney State II. zip 62305
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
concerned citizen
POSITION (please circle appropriate position)
Support Oppose Neutral
Testimony (please circle)



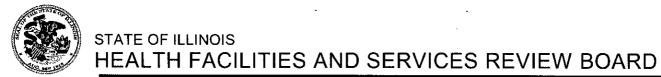
Public Hearing Testimony Registration Form

Project	Number:	18-042
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l.	Name (Please Print) Julie A. Brink
	City Quing State IZ Zip 62305
И.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
•	
	·
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written

Public Hearing Testimony Registration Form

Project N	lumber: 18-042
1,	IDENTIFICATION Name (Please Print) = M() y + CADRICKSON
	City Wendon State IL zip (235)
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (please circle appropriate position)
•	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Project I	Number: 18-042
l.	Name (Please Print) To Ellen Runda //
	City Rufney State IL Zip 623 OV
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blussing Health System
	<u></u>
. III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
,	Oral Written



Facility Name: Quincy Medical Group Surgery, Quincy

l.	IDENTIFICATION Name (Please Print) Tamm	ry Pritchett	
		State	zip 62305
И.	entity.)		on behalf of any group, organization or other
	Hoolth Carol	sented in this appearance	(i.e., ABC Concerned Citizens for
		· ·	
	·		
Ш.	POSITION (please circle approp	oriate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	

Facility Name: Quincy Medical Group Surgery, Quincy

1.	Name (Please Print) 16 NN M (Dowe)
	City QuiMCy State I(zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written

Project	: Numb	er: 1	8-042
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l.	Name (Please Print)	ri Wilkey	
	city Quincy	State	zip 62301
II.	entity.)		behalf of any group, organization or other e., ABC Concerned Citizens for
-	Blessing Hosp	ital	
III.	POSITION (please circle appro	priate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



Facility Name: Quincy Medical Group Surgery, Quincy

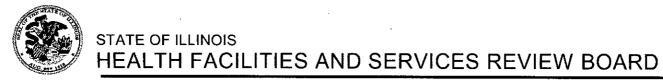
Name (Please Print) Julie Shepwd
city Quincy State Illinois zip 62301
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
Blessing Huspital
POSITION (please circle appropriate position)
Support Oppose Neutral
Testimony (please circle)
Oral Written



Public Hearing Testimony Registration Form

Pro	iect	Num	ber:	18-042
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1.	IDENTIFICATION Name (<i>Please Print</i>) <u>し</u> しょ	4 Tul		
	City Cany Palat	-	FU	Zip <u>/</u> 2 3 2 c
II.	REPRESENTATION (This section is to entity.) Entity, Organization, etc. represented the care)	be filled if the witness ented in this ap	is appearing on behalf of a	ny group, organization or other
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			÷	
III.	POSITION (please circle approp	riate position)		
•	Support	Oppose	Neutra	·
IV.	Testimony (please circle)			
	Orab	Written		



Facility Name: Quincy Medical Group Surgery, Quincy

I.	Name (Please Print) TI M TRANGA
	City Qv. hCy State 11 zip
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Health Systen
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Oral Written



Public Hearing Testimony Registration Form

Project N	Number: 18-042
l.	Name (Please Print) EULOT H. KUIDA
	City QUINCY State 1L zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Itealth System
-	·
HI.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Project Number: 18-042

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

1.	IDENTIFICATION Name (Please Print)	garet Ozan Raffo	<i>₩</i>
	city Quincy	State <u></u>	zip 62305
II.	entity.)	resented in this appearance (i.e	
		J HESCHI COSTS	
		•	
ш.	POSITION (please circle appr	opriate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	

Project Number: 18-042

STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

IDENTIFICATION Name (<i>Please Print</i>)	BRAD	B.11:	ugs		
city Quinco	1	State	II.	Zip	62305
REPRESENTATION (This section is to be fill	led if the witnes:	s is appearing on b	ehalf of any group, (organization or other
Entity, Organization	n, etc. represente	ed in this ap	pearance (i.e	., ABC Concern	ed Citizens for
Health Care)			•		
Blessing	Health	Sy st	em		
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	•				
POSITION (please o	irela annronriate	nocition			
POSITION (pieuse i	ircie appropriate	e position)			
Support		Oppose		Neutral	
Testimony (please	circle)				
Oral	•	Written			
()					

Facility Name: Quincy Medical Group Surgery, Quincy

_	IRSHAD SLODIRU	
City BUI∿	State 10	zip_62
REPRESENTATION (7	his section is to be filled if the witness is app	earing on behalf of any group, organization
entity.)		
Entity, Organization,	etc. represented in this appear	ance (i.e., ABC Concerned Citize
Health Care)	· Ucarth Custs	M
BLESSING	A HEALTH SYSTE	<u>* 1 </u>
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,		<u>.</u>
POSITION (please cir	rcle appropriate position)	
POSITION (please cir	rcle appropriate position)	<u>.</u>
POSITION (please cire	rcle appropriate position) Oppose	Neutral
		Neutral
	Oppose	Neutral
Support	Oppose	Neutral



Project N	Number: 18-042
I.	Name (Please Print) JUSTIA Hale
	City Duncy State IL zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Dec 3 to foot
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Public Hearing Testimony Registration Form

Project	t Number: 18-042			
I.	IDENTIFICATION Name (Please Print)	PATRICK	M.	Gerreler
	city Juin	C / State _	IL	Gerveler. zip 62305
II.	REPRESENTATION (This section in entity.)	, is to be filled if the witne.	ss is appearing on	behalf of any group, organization or other
		resented in this a	ppearance (i.	e., ABC Concerned Citizens for
	Health Care) Ble	ssing /	falt.	L System/
	B1	e55125	H05	L System/
	,		•	
III.	POSITION (please circle appi	ropriate position)		-
	Support	Oppose		Neutral
IV.	Testimony (please circle)			
	Oral	Written		



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project	Number: 18-042
l.	Name (Please Print) Mary Frances Barthel, MD
	city QUINCY State 1L zip 62305
II. ·	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Health System
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV	Testimony Inlease circle

1/22/19

mary Frances Barthet me



Public Hearing Testimony Registration Form

Project	Number: 18-042			
l.	IDENTIFICATION Name (Please Print)	seph V.	Meyer	MD
	city QUINCY	State		zip 62305
II.	REPRESENTATION (This section is entity.)	to be filled if the witness is a	opearing on behalf of any gro	up, organization or other
	Entity, Organization, etc. repr	esented in this appea	rance (i.e., ABC Conc	erned Citizens for
	Health Care) OUNCY	Anesthe	sia Asse	ciates
III.	POSITION (please circle appro	opriate position)	•	
	,			•
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
		Minister		•

Facility Name: Quincy Medical Group Surgery, Quincy

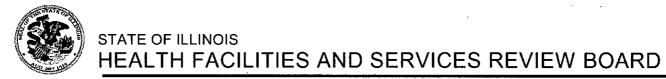
I.	IDENTIFICATION Name (Please Print)	Shill		
	city <u>Quincy</u>	State <u>///////</u>	7/S	zip_42305
11.	REPRESENTATION (This section is to be entity.) Entity, Organization, etc. represented the care)		nce (i.e., ABC C	oncerned Citizens for
		<u></u>	uan oq	J.C.
III.	POSITION (please circle appropri	iate position)		
	Support	Oppose	Neutral	
IV.	Testimony (please circle)			
	Oral	Written		





Public Hearing Testimony Registration Form

Project N	Number: 18-042
l.	Name (Please Print)
	city <u>Juny</u> State <u>IL</u> zip 62301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
,, <u>-</u>	Blossing Health System
III.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
	Oral Written



Facility Name: Quincy Medical Group Surgery, Quincy

l.	IDENTIFICATION Name (Please Print) De Hy	KASPARIE	
	_	V	
	City Duny	State <u>IC</u>	zip 62305
II.	REPRESENTATION (This section is to be entity.)	e filled if the witness is appearing	on behalf of any group, organization or other
	, ,	ented in this appearance	(i.e., ABC Concerned Citizens for
	Health Care) Bless	ing Hospita	<i>Q</i> .
		/ , , , , , , , , , ,	
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	,		
III.	POSITION (please circle appropri	iate position)	
	Support	Oppose	Neutral
IV.	Testimony (please circle)		
	Oral	Written	



Public Hearing Testimony Registration Form

Project N	umber: 18-042
l.	IDENTIFICATION Name (Please Print) Maureen Kahu
-	City QUINCY State II zip 6830 S
	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Blessing Health System
·	
m.	POSITION (please circle appropriate position)
	Support Oppose Neutral
IV.	Testimony (please circle)
,	Oral